

CITY OF LAKE STATION

Building Department
(219) 962-4444

“Permit Application Information”

Date: _____

Name of Applicant (Property owner(s)) _____

Address of Proposed Work: _____

Phone No. _____

Type of Work to be Done: _____

Estimated Value of Proposed Work: \$_____

Note: If a contractor is doing the work, the contractor is to be licensed for the City of Lake Station and the contractor obtains the permit(s).....

Name of Contractor to be doing the work: _____

